

Pacific Health | Population Health | University of Auckland Private Bag 92019 | Victoria Street West Auckland 1142 | New Zealand

Consent Form

Project Title: Pasifika intervention for rheumatic fever prevention in South Auckland Pasifika communities **Participants**: Members of co-design groups PPHAG, PPBRN, AH+ or other key Pasifika stakeholders.

- I have read, or have had read to me, and I understand the Participant Information Sheet.
- I have been given sufficient time to consider whether to participate in this study.
- I have had the opportunity to use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study.
- I am satisfied with the answers I have been given regarding the study. I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without giving a reason and without this affecting my relationship with the University of Auckland.
- I understand that my participation in this study cannot be guaranteed to be confidential, because of the collective nature of the data collection (workshop). No material, which could identify me personally, will be used in any reports on this study.
- I understand that due to the nature of data collection in a workshop setting, data will not be able to be withdrawn once collected.
- I know whom to contact if I have any questions about the study in general.
- I understand my responsibilities as a study participant.

Declaration by participant: I hereby consent to take part in this study.

Participant's name:		
Signature:	Date:	
Declaration by a member of t	he research team:	
•	on of the research project to the participant. I have answer participant understands the study and has given inform	
Researcher's name:		
Signature:	Date:	